

PTO/SB/21 (09-08)

Approved for use through 03/31/2007. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

10/529,088

Filing Date

August 4, 2006

First Named Inventor

Diamandis

Art Unit

1645

Examiner Name

unassigned

Attorney Docket Number

MTS16AUSA

RECEIVED  
CENTRAL FAX CENTER

NOV 29 2006

**ENCLOSURES (Check all that apply)**☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/Incomplete Application

☐

Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a Provisional Application

☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐

Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board of Appeals and Interferences

☐

Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify below):

Supplemental Application Data Sheet

Remarks

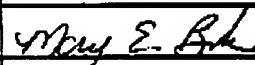
Customer No. 00270

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Howson &amp; Howson LLP

Signature



Printed name

Mary E. Bak

Date

11-29-2006

Reg. No.

31,215

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Summer Uchin

Date

11-29-2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**RECEIVED  
CENTRAL FAX CENTER**

NOV 29 2006

**SUPPLEMENTAL APPLICATION DATA SHEET**

Application Information	
Application Number::	10/529,088
Filing Date::	08/04/06
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	Listing
Number of CD disks::	1
Number of Copies of CDs::	
Sequence Submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Title::	METHODS FOR DETECTING PROSTATE CANCER
Attorney Docket Number::	MTS16AUSA 44757.83USWO
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity::	Yes
Latin name::	
Variety denomination name	
Petition Included::	No
Petition Type	
Licensed US Govt. Agency::	
Contract or Grant Number::	
Secrecy Order in Parent Application::	No

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Eleftherios
Middle Name::	P.
Family Name::	DIAMANDIS
Name Suffix::	
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	44 Gerrard Street West, Suite 1504
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M5G 2K2

Correspondence Information	
Correspondence Customer Number::	<u>23552 00270</u>
Name::	<u>Howson &amp; Howson LLP</u>
Street of Mailing Address	<u>501 Office Center Drive, Suite 210</u>
City of Mailing Address	<u>Fort Washington</u>
State or Province of Mailing Address	<u>PA</u>
Country of Mailing Address	<u>US</u>
Postal or Zip Code of Mailing Address::	<u>19034</u>
Phone Number::	<u>215-540-9200</u>
Fax Number::	<u>215-540-5818</u>
E-Mail Address::	<u>mebak@howsonandhowson.com</u>

Representative Information	
Representative Customer Number::	23552 00270

Domestic Priority Information			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/CA03/001479	09/26/03
PCT/CA03/001479	International Application An application claiming the benefit under 35 USC 119(e)	60/414,314	09/26/02

Assignee Information	
Assignee Name::	Mount Sinai Hospital
Street of Mailing Address::	600 University Avenue
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M5G 1X5